

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		48	2/20/01
<b>FORMALITY REVIEW</b>	MPA	830	03/02/01
<b>RESPONSE FORMALITY REVIEW</b>	KA	676	06/22/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
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Claim	Date
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**Best Available Copy**  
 If more than 150 claims or 10 actions  
 staple additional sheet here